

HEALTH INSURANCE

GET BACK TO WHAT YOU ENJOY

SAGA

Experience is everything

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WELCOME TO
SAGA HEALTH INSURANCE

You might be surprised to learn that Saga Health Insurance has been providing healthcare cover for people over 50 for more than 35 years. In that time, we've gained plenty of insight into what our customers want, need and expect from private healthcare.

We've been there for our customers for over three decades, so you know that we'll be there for you too – and get you back to being you again sooner.

If you're new to private healthcare, we'll outline exactly what it offers in the next page or two and then you can read on to discover exactly what you can get from Saga. If you've already got health insurance, take a look at just how impressive our cover is and why it is well worth the switch.

> "The people at Saga I have spoken with have all been welcoming and well informed and very helpful – a pleasure to deal with."
>
> **Mr Laskey, Surrey**

WHAT IS
PRIVATE HEALTHCARE?

Here in the UK we're fortunate to have the NHS to turn to for our healthcare, and it's the best and only provider of the nation's emergency treatment. But we all know, perhaps from personal experience, word of mouth or media reports that it faces certain pressures.

Private healthcare can help by offering you a streamlined alternative. 'Going private' for eligible treatment isn't just about the operation, it's the whole process. Here's how it works...

DIAGNOSIS
SPEEDY FROM THE START

If your GP says you need to see a specialist, you don't need to go through the NHS system. Instead, your consultations – along with any tests, scans and, crucially, results – can all take place more quickly. This in itself can save many weeks of waiting and uncertainty.

TREATMENT
FOCUS IS ALL ON YOU

If you need treatment, it will take place in a private hospital. You'll usually be in your own peaceful room with en suite facilities. It will have a TV, phone and internet access and you'll choose your meals from a well-prepared menu.

RECOVERY
RECUPERATE IN COMFORT

Your comfortable room, nutritious food and fewer restrictions on visitors and parking all contribute to a relaxing recuperation to get you back home as soon as possible. With private healthcare, once you're home it can offer even more to help you on the road to a full recovery, from follow-up appointments to physiotherapy.



WHY COME TO SAGA
FOR PRIVATE HEALTHCARE COVER?

Saga Health Insurance is a unique product designed by us specifically for our customers, and it's available only from us. Together with our underwriter, Bupa Insurance Limited, we are committed to providing high levels of quality, service and choice. Among the many aspects of our cover that bring customers to Saga, there are two clear reasons that really stand out.



CHOICE OF HEALTHPLANS
COVER TO SUIT YOU

Everyone's different, which is why our cover has four different levels, presented as Saga HealthPlans. The range, from Super to Support, provides a breadth of cover, depending on your budget and requirements. And each Saga HealthPlan can be tweaked with extra options to create something that's right for you. See the Saga HealthPlans in detail on pages 9 to 12.

COMPARE PRICES
COULD YOU SAVE MONEY?

80% of new customers told us they saved money when they switched their health insurance to us from other providers, based on 148 customers surveyed in 2024 (including offer periods).

THE TIME-SAVING EXTRAS
WE OFFER

We know that one of the main reasons our customers opt for private healthcare is to get quicker access to treatment. You can get on with things even faster thanks to these valuable services we offer.

SPEAK TO A GP
ANY TIME

Regardless of whether or not it's related to a claim, you and your family can ring the Saga GP Service any time or book an appointment online, 24 hours a day, 365 days a year. A GP will call you back at an agreed time and you can discuss any aspect of your health – all without leaving the comfort of home or waiting for an available appointment at your local surgery. The convenience is invaluable, being able to arrange to speak to a doctor at any time and, if necessary, our GPs can even arrange specialist referrals or the delivery of a private prescription.

ACCESS TO PHYSIO
WITHOUT A GP REFERRAL

Our Musculoskeletal (MSK) Direct Access gets you straight to the right care without having to go to your local GP first. Ring to have a physiotherapist call back to assess you and then advise what to do next – from exercises to arranging a course of treatment with a physio near you, if this forms part of your cover.

SEE A SPECIALIST
EVEN FASTER

With our Guided Care service if your GP refers you to see a specialist and you're covered for the condition, we can support you to source a selection of appointments. This means you can choose one at the right time and place for you with an appropriate specialist – and you'll normally be seen quicker than customers who obtain a named referral from their GP.

SAGA GP SERVICE ONLINE

To complement the Saga GP Service telephone consultations, there is now the option to book an appointment instantly online via www.saga.co.uk/GPService

- You can talk to our GPs face to face by video call
- Use your PC, laptop, smartphone or tablet
- Less urgent query? Use the online messaging tool to message our GPs and they'll get back to you.

SAGA HEALTHPLANS
EXPLAINED

We offer a choice of four health plans, each providing cover for hospital inpatient and day-patient treatment and care. The outpatient cover varies significantly between plans, as you'll see in the comparison table on page 8. There's a quick overview of the Saga HealthPlans below and you'll see the different benefits each of them offers on the next few pages. And, once you've chosen a plan, you can personalise it – find out more on pages 14 to 16.

SAGA HEALTHPLAN SUPER



Our top-of-the-range cover is rated 5 Star by Defaqto and is our most popular plan for new customers. It has unlimited eligible outpatient cover for consultations, diagnostic tests, CT, MRI and PET scans, physiotherapy and more, to support you from diagnosis through to recuperation.

SAGA HEALTHPLAN SECURE

A great alternative to HealthPlan Super, this offers up to £2,000 towards eligible outpatient consultations, diagnostic tests, CT, MRI and PET scans and physiotherapy to help you on the road to recovery.

SAGA HEALTHPLAN SAVER PLUS

Get the main advantages of health insurance at a value-for-money price. This plan provides good all-round cover, including £1,500 for eligible outpatient consultations and diagnostic tests, plus unlimited follow-up CT, MRI and PET scans performed within eight months after related, eligible inpatient or day-patient treatment, or after a related eligible outpatient surgical procedure.

SAGA HEALTHPLAN SUPPORT

This basic plan focuses on the core cover, but still gives you prompt access to private hospital treatment. It concentrates on eligible hospital inpatient and day-patient treatment, plus outpatient surgical procedures, which keeps costs very low.

COMPARE THE BENEFITS
OF SAGA HEALTHPLANS

Inpatient and day-patient treatment	Saga HealthPlan Super	Saga HealthPlan Secure	Saga HealthPlan Saver Plus	Saga HealthPlan Support
Hospital charges for treatment in a hospital listed in the Saga Countrywide Hospital List.	✓	✓	✓	✓
Specialist fees and diagnostic tests.	✓	✓	✓	✓
Treatment of mental health conditions.	Up to a total of 28 days per year.	Up to a total of 28 days per year.	Up to a total of 28 days per year.	✗
Outpatient treatment				
Surgical procedures.	✓	✓	✓	✓
Consultations with a specialist and diagnostic tests.	No annual maximum.	These benefits have a combined limit of £2,000 per year. Additional £400 per year for post-operative therapist, physiotherapist and acupuncturist charges.	These benefits have a combined limit of £1,500 per year.	✗
Practitioner and physiotherapy charges.	No annual maximum.			
Therapist and acupuncturist charges.	Up to £2,000 per year.			
CT, MRI and PET scans in a scanning centre listed in the Saga Countrywide Hospital List.	No annual maximum.	No annual maximum.	One scan, plus unlimited CT, MRI and PET scans within 8 months of related eligible inpatient or day-patient treatment or a related eligible outpatient surgical procedure.	✗
Cancer treatment, including charges for radiotherapy and chemotherapy, and eligible outpatient cancer treatment following diagnosis.	✓	✓	✓	✗
Specialist consultations and diagnostic tests for mental health conditions.	Up to £2,500 per year.	Up to £2,000 per year.	Up to £1,500 per year.	✗

For a full explanation of the terms we use, including inpatient, day-patient and outpatient treatment, please turn to pages 21-22.

SAGA HEALTHPLAN SUPER



Saga HealthPlan Super has a Defaqto 5 Star Rating

Saga HealthPlan Super is our 'top-of-the-range' plan and the most popular with new customers. For those wanting the reassurance of our most comprehensive cover, it gives our best level of protection for eligible inpatient and day-patient cover, and offers unlimited cover for eligible outpatient treatment. It also comes with additional benefits such as mental health cover, counselling sessions, recuperative care, nursing at home and even a cash payment for major dental work.

Key Benefits	What you get
Inpatient and day-patient treatment	
Hospital charges for treatment in a hospital listed in the Saga Countrywide Hospital List.	✓
Specialist fees and diagnostic tests.	✓
Treatment of mental health conditions.	Up to 28 days per year.
Outpatient treatment	
Surgical procedures.	✓
Consultations with a specialist, diagnostic tests, practitioner and physiotherapy charges.	No annual maximum.
Therapist and acupuncturist charges.	Up to £2,000 per year.
CT, MRI and PET scans in a scanning centre listed in the Saga Countrywide Hospital List.	No annual maximum.
Cancer treatment, including charges for radiotherapy and chemotherapy, and eligible outpatient cancer treatment following diagnosis.	No annual maximum.
Specialist consultations and diagnostic tests for mental health conditions.	Up to £2,500 per year.

Key Benefits	What you get
Plus...	
NHS cash benefit.	£150 per night, up to £3,000 per year.
Second Opinion Service.	✓
Nursing at home.	Up to 13 weeks per year.
Private ambulance.	✓
Cancer Care Team support.	✓
Major dental cash benefit.	Up to £1,500 per year.
Recuperative care.	Up to £2,000 per year.
MSK Direct Access.	✓
Mental Health Direct Access.	✓
Saga GP Service.	✓
Anytime HealthLine.	✓

Please see the policy comparison chart on page 8 for further details.

SAGA HEALTHPLAN SECURE

Saga HealthPlan Secure provides great all-round cover, including prompt access to a private hospital when eligible inpatient or day-patient treatment is required, and unlimited scans. You'll also get an outpatient benefit of up to £2,000. It also comes with additional benefits such as mental health cover, counselling sessions, recuperative care and nursing at home.

Key Benefits	What you get
Inpatient and day-patient treatment	
Hospital charges for treatment in a hospital listed in the Saga Countrywide Hospital List.	✓
Specialist fees and diagnostic tests.	✓
Treatment of mental health conditions.	Up to 28 days per year.
Outpatient treatment	
Surgical procedures.	✓
Consultations with a specialist, diagnostic tests, practitioner, therapist, physiotherapist and acupuncturist charges.	Up to £2,000 per year.
Additional post-operative outpatient physiotherapist, therapist and acupuncturist charges for treatment received after related eligible inpatient and day-patient treatment or a related eligible outpatient surgical procedure.	Up to £400 per year.
CT, MRI and PET scans in a scanning centre listed in the Saga Countrywide Hospital List.	No annual maximum.
Cancer treatment, including charges for radiotherapy and chemotherapy, and eligible outpatient cancer treatment following diagnosis.	No annual maximum.
Specialist consultations and diagnostic tests for mental health conditions.	Up to £2,000 per year.

Key Benefits	What you get
Plus...	
NHS cash benefit.	£100 per night, up to £2,000 per year.
Second Opinion Service.	✓
Nursing at home.	Up to 13 weeks per year.
Private ambulance.	✓
Cancer Care Team support.	✓
Recuperative care.	Up to £1,000 per year.
MSK Direct Access.	✓
Mental Health Direct Access.	✓
Saga GP Service.	✓
Anytime HealthLine.	✓

Please see the policy comparison chart on page 8 for further details.

SAGA HEALTHPLAN SAVER PLUS

Saga HealthPlan Saver Plus provides a good level of cover for private hospital care. Should you need inpatient or day-patient treatment, it will meet all your eligible costs, while up to £1,500 towards outpatient treatment, one outpatient scan and unlimited scans following eligible treatment (see table), make it a good all-round plan. It also comes with additional benefits such as mental health cover, counselling sessions and nursing at home.

Key Benefits	What you get
Inpatient and day-patient treatment	
Hospital charges for treatment in a hospital listed in the Saga Countrywide Hospital List.	✓
Specialist fees and diagnostic tests.	✓
Treatment of mental health conditions.	Up to 28 days per year.
Outpatient treatment	
Surgical procedures.	✓
Consultations with a specialist, diagnostic tests, practitioner, therapist, physiotherapist and acupuncturist charges.	Up to £1,500 per year.
CT, MRI and PET scans.	One scan per year.
CT, MRI and PET scans within 8 months following related eligible inpatient or day-patient treatment, and related eligible outpatient surgical procedures.	No annual maximum.
Cancer treatment, including charges for radiotherapy and chemotherapy, and eligible outpatient cancer treatment following diagnosis.	No annual maximum.
Specialist consultations and diagnostic tests for mental health conditions.	Up to £1,500 per year.

Key Benefits	What you get
Plus...	
NHS cash benefit.	£100 per night, up to £2,000 per year.
Second Opinion Service.	✓
Nursing at home.	Up to 2 weeks per year.
Cancer Care Team support.	✓
MSK Direct Access.	✓
Mental Health Direct Access.	✓
Saga GP Service.	✓
Anytime HealthLine.	✓

Please see the policy comparison chart on page 8 for further details.

SAGA HEALTHPLAN SUPPORT

Saga HealthPlan Support keeps costs as low as possible by focusing on eligible hospital inpatient and day-patient treatment. When it comes to outpatient consultations, tests and scans, you can either use the NHS or pay for them yourself. But, you have the peace of mind that you have cover in place if you need to be admitted to hospital for eligible inpatient treatment, day-patient treatment or an outpatient surgical procedure.

Key Benefits	What you get
Inpatient and day-patient treatment	
Hospital charges for treatment in a hospital listed in the Saga Countrywide Hospital List.	✓
Specialist fees and diagnostic tests.	✓
Outpatient treatment	
Surgical procedures.	✓
Surgical treatment of cancer.	✓



Key Benefits	What you get
Plus...	
NHS cash benefit.	£100 per night, up to £2,000 per year.
Cancer Care Team support.	✓
Saga GP Service.	✓
Anytime HealthLine.	✓

Please see the policy comparison chart on page 8 for further details.

CHOOSE WHERE AND HOW
YOU'RE SEEN

When you take out a policy you can choose from one of the following three options:

GUIDED CARE

The quickest way to see a specialist to find out what's wrong is to choose our Guided Care option – it's convenient and you'll normally be seen quicker than customers who obtain a named referral from their GP. Here's how it works:

Step 1: If a GP wants you to see a specialist, ask for an open referral (which states the type of specialist you need to see rather than naming a particular specialist).

Step 2: You can contact our dedicated claims team online or by phone. We'll check that your claim's eligible, then find a choice of appropriate specialists near you.

Step 3: We will explain which nearby consultants, facilities and healthcare professionals are available under your benefits and provide you with a pre-authorisation number so your healthcare provider can send the bill directly to us.

THE SAGA COUNTRYWIDE HOSPITAL LIST

You can choose where you're treated from an extensive nationwide list of hospitals, day-patient units and scanning centres. Any private treatment covered by your policy and advised by your specialist will be carried out at a centre on this list and the full directory is available in a separate booklet.

THE SAGA LONDON UPGRADE

If you'd like to have the option to use a select group of private hospitals, you can choose the Saga London Upgrade for an additional cost.



OPTIONS TO
IMPROVE YOUR COVER

Once you've chosen your Saga HealthPlan, you can tailor your policy with one or more of the following options, so you have the cover that's right for you.

EXTENDED CANCER COVER

All Saga HealthPlans offer cover for the surgical treatment of cancer, and all, except Support, cover radiotherapy and chemotherapy too. However, for greater reassurance Extended Cancer Cover can be added to all health plans except Support, subject to two simple qualifying questions. With this cover, you have access to drugs for the treatment of cancer where the drug has been licensed for use and is being used within the terms of that licence. This includes medical treatment to help prevent the recurrence of cancer or maintain remission.

HEALTH CASH BENEFITS COVER

It's important to us that we offer you benefits with real value. So, although health insurance is not normally designed to provide cover for day-to-day health expenses, we have developed Health Cash Benefits Cover to give you additional protection. This lets you claim for the following treatments without paying an excess or affecting your No Claim Discount.

WITH HEALTH CASH BENEFITS COVER
YOU CAN CLAIM FOR ALL THESE ELEMENTS:

- **Dental care** up to £200 per person a year
- **Optical care** up to £150 per person a year
- **Health assessment** up to £150 per person a year
- **Dental emergency** up to £200 per person a year
- **Dental accident** up to £200 per person a year.



COVER FOR PRE-EXISTING HYPERTENSION

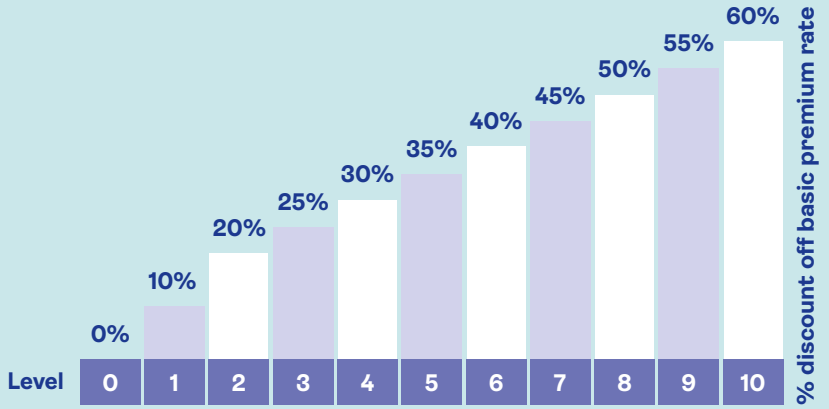
Hypertension, or persistently raised blood pressure, can lead to serious medical problems such as stroke or heart attack. Many insurers don't cover hypertension or associated conditions if you already have hypertension when you join. However, because our medical insurance is designed for people over 50, for an additional cost and subject to two simple qualifying questions, we can provide you with full cover if you currently have this condition.



PROTECTING YOUR NO CLAIM DISCOUNT

When you take out a Saga HealthPlan you'll usually start with a 35% No Claim Discount and this rises annually by one level to a maximum of 60% if no claims are made. If you make a claim you just move back two levels on the scale, but you'll never fall below level 0, no matter how many claims you make.

Available for an additional payment, Saga's No Claim Discount protection allows you to make one claim without it reducing your No Claim Discount. The No Claim Discount protection will be removed from your policy when you make a claim and cannot be included again until you have gone two consecutive years without making a claim. When this option becomes available, it'll be shown in your renewal policy schedule.



OPTIONS TO REDUCE
YOUR COSTS

We also offer three ways for you to reduce the amount you pay – choose from the following:

4-WEEK AND 6-WEEK WAIT

One way to reduce the cost of your policy is to choose our 4-week or 6-week wait option, where you agree to use the NHS in certain circumstances. Here's how it works:

- If NHS waiting times are more than four weeks (for 4-week wait) or six weeks (for 6-week wait), you'll be seen promptly in a private hospital for any eligible cover.
- If your specialist confirms that the NHS can treat you within four weeks of the date they advise it is needed, you'll use the NHS but can claim £100 cash benefit for each night you're in hospital up to £2,000 per year (for Super this is £150 a night up to £3,000 per year).
- Plus, we'll always provide cover for immediate private treatment for eligible radiotherapy or chemotherapy performed as day-patient or outpatient treatment, and for the following common conditions, even if the NHS can treat you within four weeks:
  - varicose veins surgery
  - correction of squint
  - removal of gall bladder
  - insertion of grommets
  - haemorrhoidectomy
  - tonsillectomy
  - removal of bunions
  - adenoidectomy

Some insurers offer a similar option to this, but with a 6-week wait, so private treatment is more likely with Saga.

EXCESS OPTIONS

As with other insurance, adding an excess to your policy reduces the cost. This is the amount you agree to pay towards eligible treatment, before any benefit is payable. Choose from £100, £250, £500, £750 or £1,000 optional excesses, which are payable once per person per policy year, regardless of the number of claims made.

GUIDED CARE

Opting for Guided Care also reduces the cost of your health plan.
See page 13 for more information.

CHOOSE YOUR
UNDERWRITING METHOD

When you take out a Saga HealthPlan you can choose from three different underwriting methods, depending on whether you're taking out a policy for the first time, or switching from another insurer or an employer's scheme. These are the three options:

MORATORIUM METHOD

The ease and simplicity of this underwriting method makes it the most popular choice with our customers. It doesn't need a medical declaration – we'll simply exclude treatment for any medical condition you or anyone on your policy has experienced in the last three years (many other insurers insist on a longer period of five years) and, in some cases, certain specified conditions. If you remain free from symptoms, advice, medication or treatment for an excluded pre-existing condition, whether the condition has been diagnosed or not, for a continuous period of two years any time after the policy starts, we may be able to offer cover, subject to a review by the claims team.

FULL MEDICAL HISTORY UNDERWRITING

This option is similar to Moratorium in that we provide cover for new medical conditions that arise after the policy begins. However, when it comes to exclusions for pre-existing and specified conditions, we will base these on the answers you provide in response to our full medical history assessment. The benefit of this option is that we will state, in writing, which medical conditions we will exclude.

As with the Moratorium option, we may later cover a pre-existing medical condition if you ask us to review the exclusion and we agree to remove it.

When you choose this underwriting method, it's important to note that, if necessary, we may ask your doctor for any further information required to help us determine which medical conditions we should exclude from your policy.

CONTINUED PERSONAL MEDICAL EXCLUSIONS

This option is available if you wish to switch from your current insurer and retain cover for your existing medical conditions. It depends on your recent medical and claims histories and the terms and conditions of your new policy, but could suit you if you are leaving an employer's scheme or moving from another health insurance plan.



UNDERWRITING METHODS
IN PRACTICE

To help you understand how the different underwriting methods work, here are answers to our most frequently asked questions...

Sometime after my cover starts, I go to my doctor for a routine visit. A heart condition is diagnosed that must have started to develop before my policy started. What is the position?

Full Medical History Underwriting and Moratorium:

You'd be covered provided there weren't any symptoms evident when your policy started, and it's not a specified condition (see definition on page 22) or a pre-existing condition.

Continued Personal Medical Exclusions:

You'd be covered provided the routine visit was for a general check-up and not related to any symptoms or pre-existing conditions, and you have no exclusions carried over from your previous insurer in respect of this.

How do regular check-ups affect my cover?

Full Medical History Underwriting and Moratorium:

It depends what the check-ups are for. For example: 1) If you have a medical condition before your policy starts and your doctor, or specialist, recommends that you continue to have check-ups for that medical condition, then we will not cover the cost of private treatment received for that medical condition for a period of two years from the time your policy started. If the medical condition is a specified condition (see definition on page 22), you wouldn't be covered for it either.



Cover will only be available once you have been discharged from care and have no further treatment, medication or advice for a continuous period of two years after joining. 2) In the same situation, if you choose to continue having check-ups for your own peace of mind even though you have been discharged from care, we will cover you for the condition (but not the routine check-ups) if, after joining, you are trouble-free for a continuous period of two years from your last appointment prior to discharge. 3) If you have general check-ups simply to maintain good health, and not for any particular medical condition, we ignore them when applying the restrictions for treatment of pre-existing conditions.

Continued Personal Medical Exclusions:

It depends what the check-ups are for and who they are with. 1) If you have only seen your GP for an annual monitoring review of an ongoing condition, then this will not affect your cover. If, however, the GP is still actively investigating or stabilising a condition or a flare up of new symptoms then this would need to be declared when you take out a policy and an exclusion for this condition may apply. 2) If you have seen a specialist in the last year or plan to see a specialist, an exclusion for this condition may apply. Any exclusions applied would be reviewable in two years after the start date of your policy, subject to a medical report confirming you being two years free of any medication, treatment, investigations or consultations for this condition.

Please note: We do not pay for check-ups in any of the circumstances described above.

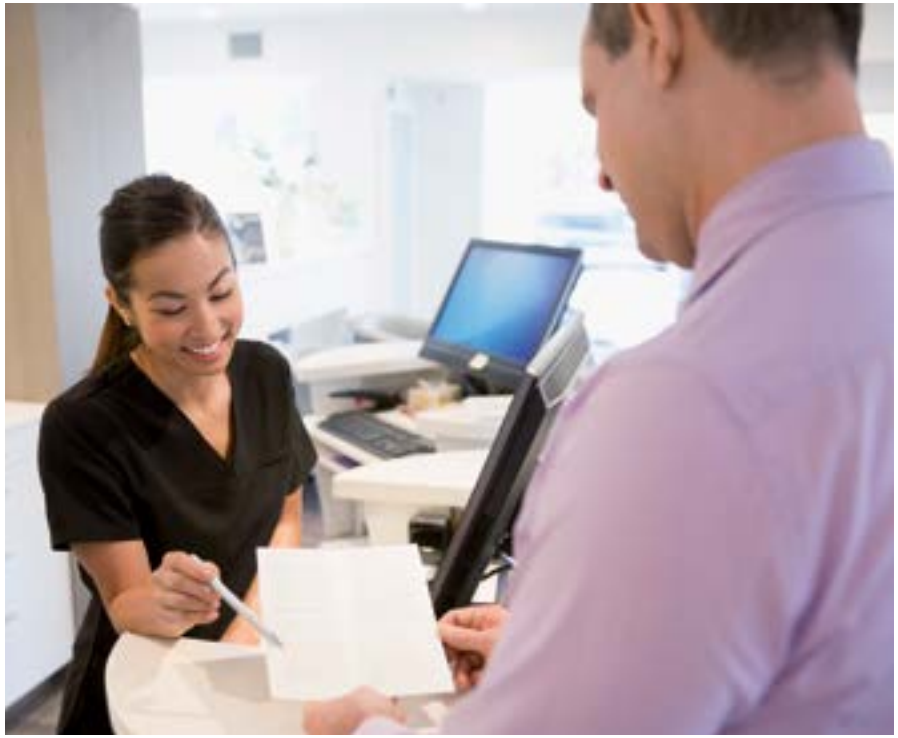
Will my choice of underwriting method affect my premium?

Choosing between Moratorium and Full Medical History Underwriting will not affect your premium. However, if you choose Continued Personal Medical Exclusions, your premium will increase. However, selecting the Full Medical History Underwriting method enables you to declare your medical history up-front making any exclusions clear at the start of your cover.



What if I suspect I am suffering from a condition (for example, I have abdominal pain) but have not seen a doctor about it, nor received any firm diagnosis before my cover starts. Will I be covered if I need to have any investigations or treatment for the condition once my policy has started?

You would not be covered with either Moratorium or Full Medical History Underwriting for any treatment you would have to have because of the abdominal pain. This is because symptoms were evident when you took out the policy – making it a pre-existing condition. In respect of Continued Personal Medical Exclusions, if you planned to see a medical practitioner about this condition when you took out your policy with us, an exclusion may apply. We may need to seek further medical information about this condition before we advise about eligibility.



I had an operation on my right knee recently. Will I be covered for any further treatment to it after my policy starts?

Full Medical History Underwriting and Moratorium:

During your first two years of continuous cover with us you would not be covered for any further treatment relating to your knee operation, or the condition for which it was performed. After that time, provided you have been trouble free (see definition on page 22) for a consecutive two-year period in relation to your knee problem, you would be covered for any further eligible treatment. Please note: If you choose the Full Medical Underwriting method and ask us to review an exclusion, you would need to contact us to request a review of terms before we offer any cover for the knee condition.

Continued Personal Medical Exclusions:

If you had treatment in hospital or consulted a specialist in the last 12 months, or had any treatment, consultations, investigations or diagnostic tests planned or pending at the start of cover, then an exclusion is likely to apply for this condition and it would not be eligible for at least two years on the policy. If not and it does not fall under any of the underwriting carried over from your previous insurer, then it would be eligible.

FURTHER INFORMATION

WHAT ISN'T COVERED

You should be aware that there are a number of things that are not normally covered by health insurance policies. Things such as pre-existing conditions, the treatment of long-term illnesses (chronic conditions), routine dentistry (unless you select Health Cash Benefits Cover or HealthPlan Super), cosmetic surgery and professional sport injuries won't be covered. In addition, there are specific exclusions and limitations depending on your health plan. Further details of these exclusions can be found in the Insurance Product Information Document within your quote documents and the ABI guide 'Are You Buying Private Medical Insurance?' which can be downloaded at www.abi.org.uk/products-and-issues/choosing-the-right-insurance/health-insurance/private-medical-insurance/. You can download the Saga HealthPlan Policy Books at saga.co.uk/health-insurance/existing-customers or call 0330 018 1587 for a copy.

THE TERMS WE USE

Chronic condition: A disease, illness or injury, which has one or more of the following characteristics:

- it needs ongoing or long-term monitoring, through consultations, examinations, check-ups and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back.

Day patient: A patient who is admitted to hospital or day-patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

Excess: The amount of money you pay towards your claim before any benefit becomes available.

Inpatient: A patient who is admitted to hospital and who occupies a bed overnight, or longer, for medical reasons.

No Claim Discount (NCD): The discount awarded annually to a policyholder based on their claims history.

No Claim Discount Protection: This enables you to make one claim without affecting your NCD.

Open referral: Where your GP states that treatment is necessary and which type of specialist you require that treatment from, but does not specify the specialist's name.

Outpatient: A patient who attends a hospital, consulting room or outpatient clinic and is not admitted as a day patient or an inpatient.

Physiotherapist: A medical practitioner who practises physiotherapy and who meets our recognition criteria for benefit purposes in their field of practice, and who we have told in writing that we currently recognise as a physiotherapist for benefit purposes. When you see a physiotherapist as part of your inpatient or day-patient treatment, it will form part of the private hospital charges.

Practitioner: A practising member of certain professions allied to medicine who, in all cases, meets our recognition criteria for benefit purposes in their field of practice and who we have told in writing that we currently recognise as a practitioner for benefit purposes.
The professions concerned are dieticians, nurses, orthoptists, speech therapists, audiologists, psychologists and psychotherapists.

Pre-existing condition: A medical condition which you already have when your policy starts or have had in the recent past.

Specialist: A medical practitioner with particular training in an area of medicine with full registration under the Medical Acts who is currently recognised as a specialist for benefit purposes in their field of practice.

Treatment: Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.

Specified condition: Medical conditions that are associated with the following pre-existing conditions: diabetes, raised blood pressure (hypertension) or undergoing monitoring as a result of a Prostate Specific Antigen (PSA) test.

Therapist: A medical practitioner with full registration under the Medical Acts, who is a practitioner in osteopathy or chiropractic, is registered under the relevant Act and who, in all cases, meets our criteria for therapist recognition for benefit purposes in their field of practice, and who we have told in writing that we currently recognise as a therapist for benefit purposes in that field for the provision of outpatient treatment only. A full explanation of the criteria we use to decide these matters is available on request.

Trouble free: When you:

- have not had any medical opinion from a medical practitioner including GPs or specialists; or
- have not had or experienced symptoms, whether the condition has been diagnosed or not; or
- have not taken any medication (including over-the-counter drugs) or followed a special diet; or
- have not had any medical treatment; or
- have not visited a practitioner, physiotherapist, therapist, acupuncturist, optician or dentist;

for the medical condition.

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